

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018038

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 297

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10109

20100,

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in lb

9 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Boone County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Boone

c. CITY

Hartsburg, Mo.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rt #1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William Frederick Wintermeyer

4. DATE OF DEATH

Month

Day

Year

May 24 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒

Never Married

☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

7-13-1884

9. AGE (last birthday)

77

10. UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Philo, Germany

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Frederick Wintermeyer

13b. MOTHER'S MAIDEN NAME

Henrietta Begeman

14. NAME OF HUSBAND OR WIFE

Nova Hilgedick Wintermeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Wife - Nova

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia, bilateral

INTERVAL BETWEEN ONSET AND DEATH

11 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Multiple Myeloma

DUE TO (c)

9-12 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour - Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 1961 to May 24, 1962 and last saw her live on 5-24-62

Death occurred at 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John Dinsley Jr M.D.

22b. ADDRESS

16 So Tenth Columbia, Mo.

22c. DATE SIGNED

5-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Buried

23b. DATE

May 27 1962

23c. NAME OF CEMETERY OR CREMATORY

Friedman Ex. Cemetery

23d. LOCATION (City, town, or county)

Hartsburg Mo

(State)

24. FUNERAL DIRECTOR

Burnett Funeral Home Ashland, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 25, 1962

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m L. Burnett

Licensed Embalmer No. 3564

P. O. Address Oakland, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.